



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



APPLICATION FOR TEMPORARY REQUIRED PROFESSIONAL EXPERIENCE LICENSE

INSTRUCTIONS: MAIL COMPLETED APPLICATION AND \$35 FEE TO THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD.

PART A - TO BE COMPLETED BY APPLICANT.

(PLEASE PRINT OR TYPE)

1. FULL NAME: LAST			FIRST			MIDDLE		
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):								
3. *ADDRESS OF RECORD:			STREET					
CITY			STATE			ZIP CODE		
4. RESIDENCE TELEPHONE:				BUSINESS TELEPHONE:				
()				()				
5. SOCIAL SECURITY NUMBER:				DATE OF BIRTH:				
6. FIELD IN WHICH RPE IS REQUESTED:				BASIS FOR FILING:				
AUDIOLOGY _____ SPEECH-LANGUAGE PATHOLOGY _____				MASTER'S DEGREE _____ OTHER _____				
7. ARE YOU EMPLOYED AS A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL? _____ YES _____ NO (IF NO, PRIOR APPROVAL IS REQUIRED.)								
DO YOU RECEIVE A FORM 1099 FROM YOUR EMPLOYER? _____ YES _____ NO								
CHECK APPLICABLE SITUATION: ITINERANT _____ CLASSROOM (TEACHER) _____ PULL-OUT PROGRAM _____								

PART B - TO BE COMPLETED BY THE RPE SUPERVISOR. REFER TO TITLE 16, CALIFORNIA CODE OF REGULATIONS, SECTION 1399.153.3 FOR SUPERVISOR'S RESPONSIBILITIES.

8. NAME OF SUPERVISOR: LAST			FIRST			MIDDLE		
9. BUSINESS ADDRESS: STREET			CITY			STATE		
						ZIP CODE		
10. BUSINESS TELEPHONE:				LICENSE NUMBER:				
()								
11. PROPOSED PERIOD OF PROFESSIONAL EXPERIENCE:				NUMBER OF EMPLOYMENT CONTRACT HOURS PER WEEK:				
_____/_____/_____ TO ____/____/_____				_____				

***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

12. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

NAME:

COMPLETE ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____

13. SUPERVISION:

_____ THE RPE WILL BE WORKING FULL TIME (30-40 HOURS PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH DIRECT SUPERVISION. FOUR (4) OF THE EIGHT HOURS (8) WILL BE IN SCREENING, THERAPY AND EVALUATION.

_____ THE RPE WILL BE WORKING PART TIME (15-29 HOURS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

14. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE BOARD, ARE OBTAINING THEIR RPE WORKING UNDER MY SUPERVISION:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		

I, THE RPE APPLICANT, HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE) AND AGREE TO ITS IMPLEMENTATION. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY TEMPORARY LICENSE.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

I, THE RPE SUPERVISOR, HAVE DISCUSSED THE PLAN FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) WITH THE RPE APPLICANT AND HEREBY ACCEPT PROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER PERFORMANCE. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART B ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.

SUPERVISOR'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

NOTE: Business and Professions Code Section 2532.2(d) requires that the RPE plan must be approved by the Board before employment may begin.